

CLAIMS

	AS FILED		AFTER 1st ALIENMENT		AFTER 2nd ALIENMENT	
	INO.	DEF.	INO.	DEF.	INO.	DEF.
1						
2						
3						
4						
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49						
50						
TOTAL INO.	1					
TOTAL DEF.	4					
TOTAL	5					

	INO.	DEF.	INO.	DEF.	INO.	DEF.
61						
62						
63						
64						
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71						
72						
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97						
98						
99						
100						
TOTAL INO.						
TOTAL DEF.						
TOTAL						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/445769

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	/						51							
2		/					52							
3		/					53							
4		/					54							
5	/						55							
6							56							
7							57							
8							58							
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10							60							
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46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2						TOTAL IND.							
TOTAL DEP.	3						TOTAL DEP.							
TOTAL CLAIMS	5						TOTAL CLAIMS							